

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/935,757</u> FILING DATE _____ APPLICANT(S) _____		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51		
2							52		
3							53		
4							54		
5							55		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4	1	3	1	4	1	TOTAL IND.		
TOTAL DEP.	22	1	11	1	11	1	TOTAL DEP.		
TOTAL CLAIMS	26		14		15		TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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